

NOMINATION FOR LIFESAVING AWARD

Name of Nominee: _____

Age: _____ M _____ F _____ Home Address: _____

Home Telephone: _____ City: _____ State: _____ Zip: _____

Company: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Telephone: _____ Date Submitted: _____

Other Awards or recognitions for this or other acts: _____

Description of Act: _____

Date of Act: _____ Time of Act: _____ am/pm

Specific Location of Act: _____

Name of Person Rescued: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Age: _____ M _____ F _____

Witnesses:

Name: _____ Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____

Name: _____ Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____

Name: _____ Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____

Attach relevant newspaper or other published articles. If not available, show date of publication and name and location of publisher.

Your Name: _____ Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____

Date of Request: _____ Signature: _____

For further information, contact:

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NC Industrial Commission
4339 Mail Service Center
Raleigh, NC 27699-4339
Phone: 919-807-2603